

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000102075

**FILED**  
**Mar 01, 2012**  
**Secretary of State**

**Entity Name:** LATINAMERICAN THEATRICAL GROUP, LLC

**Current Principal Place of Business:**

2385 EXECUTIVE CENTER DR SUITE 100  
BOCA RATON, FL 33431 US

**New Principal Place of Business:**

**Current Mailing Address:**

2385 EXECUTIVE CENTER DR SUITE 100  
BOCA RATON, FL 33431 US

**New Mailing Address:**

**FEI Number:** 26-1473285

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PENARANDA, JAIME  
2385 EXECUTIVE CENTER DR SUITE 100  
BOCA RATON, FL 33431 US

**Name and Address of New Registered Agent:**

PENARANDA, JAIME F  
2385 EXECUTIVE CENTER DR SUITE 100  
BOCA RATON, FL 33431 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: JAIME PENARANDA R

03/01/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: PENARANDA, JAIME A  
Address: 2385 EXECUTIVE CENTER DR SUITE 100  
City-St-Zip: BOCA RATON, FL 33431 US

Title: MGRM  
Name: PENARANDA, JORGE  
Address: 2385 EXECUTIVE CENTER DR SUITE 100  
City-St-Zip: BOCA RATON, FL 33431

Title: MGRM  
Name: BENEDETTI, ANA K  
Address: 2385 EXECUTIVE CENTER DR SUITE 100  
City-St-Zip: BOCA RATON, FL 33431

Title: MGRM  
Name: CRUZ, JULIAN G  
Address: 2385 EXECUTIVE CENTER DR SUITE 100  
City-St-Zip: BOCA RATON, FL 33431

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: JAIME PENARANDA R

MR

03/01/2012

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date